

County: Pierce
 SIGNET HEALTH/REHABILITATION CENTER OF PRESCOTT
 1505 ORRIN ROAD

Facility ID: 8330

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PRESCOTT 54021 Phone: (715) 262- 5661
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 55
 Total Licensed Bed Capacity (12/31/01): 68
 Number of Residents on 12/31/01: 55

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 55

Corporation
 Skilled
 No
 Yes
 Yes
 55

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		27.3
Supp. Home Care-Personal Care	No					1 - 4 Years		61.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.8	More Than 4 Years		10.9
Day Services	No	Mental Illness (Org./Psy)	30.9	65 - 74	3.6			-----
Respite Care	No	Mental Illness (Other)	1.8	75 - 84	29.1			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3.6	95 & Over	20.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	3.6		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	16.4	65 & Over	98.2	-----		
Transportation	No	Cerebrovascular	7.3		-----	RNs		7.5
Referral Service	No	Diabetes	0.0	Sex	%	LPNs		7.8
Other Services	No	Respiratory	3.6		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	32.7	Male	30.9	Aides, & Orderlies		
Mentally Ill	No		-----	Female	69.1			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)					
Int. Skilled Care	0	0.0	0	1	2.6	135	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.8
Skilled Care	3	100.0	186	31	81.6	114	0	0.0	0	14	100.0	128	0	0.0	0	0	0.0	0	48	87.3
Intermediate	---	---	---	6	15.8	93	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	10.9
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		38	100.0		0	0.0		14	100.0		0	0.0		0	0.0		55	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	7.8	Daily Living (ADL)	Independent			
Private Home/With Home Health	25.5	Bathing	0.0	78.2	21.8	55
Other Nursing Homes	0.0	Dressing	7.3	81.8	10.9	55
Acute Care Hospitals	66.7	Transferring	21.8	58.2	20.0	55
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	16.4	65.5	18.2	55
Rehabilitation Hospitals	0.0	Eating	70.9	23.6	5.5	55
Other Locations	0.0	*****				
Total Number of Admissions	51	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	9.1	Receiving Respiratory Care		0.0
Private Home/No Home Health	33.3	Occ/Freq. Incontinent of Bladder	61.8	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	29.2	Occ/Freq. Incontinent of Bowel	30.9	Receiving Suctioning		0.0
Other Nursing Homes	12.5			Receiving Ostomy Care		7.3
Acute Care Hospitals	2.1	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	3.6	Receiving Mechanically Altered Diets		25.5
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	22.9	With Pressure Sores	23.6	Have Advance Directives		70.9
Total Number of Discharges		With Rashes	12.7	Medications		
(Including Deaths)	48			Receiving Psychoactive Drugs		63.6

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group Ratio %	Bed Size: 50-99 Peer Group Ratio %	Licensure: Skilled Peer Group Ratio %	All Facilities % Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	80.0	82.7 0.97	85.1 0.94	84.3 0.95	84.6 0.95
Current Residents from In-County	61.8	82.1 0.75	80.0 0.77	82.7 0.75	77.0 0.80
Admissions from In-County, Still Residing	21.6	18.6 1.16	20.9 1.03	21.6 1.00	20.8 1.04
Admissions/Average Daily Census	92.7	178.7 0.52	144.6 0.64	137.9 0.67	128.9 0.72
Discharges/Average Daily Census	87.3	179.9 0.49	144.8 0.60	139.0 0.63	130.0 0.67
Discharges To Private Residence/Average Daily Census	54.5	76.7 0.71	60.4 0.90	55.2 0.99	52.8 1.03
Residents Receiving Skilled Care	89.1	93.6 0.95	90.5 0.98	91.8 0.97	85.3 1.04
Residents Aged 65 and Older	98.2	93.4 1.05	94.7 1.04	92.5 1.06	87.5 1.12
Title 19 (Medicaid) Funded Residents	69.1	63.4 1.09	58.0 1.19	64.3 1.07	68.7 1.01
Private Pay Funded Residents	25.5	23.0 1.10	32.0 0.79	25.6 1.00	22.0 1.16
Developmentally Disabled Residents	0.0	0.7 0.00	0.9 0.00	1.2 0.00	7.6 0.00
Mentally Ill Residents	32.7	30.1 1.09	33.8 0.97	37.4 0.88	33.8 0.97
General Medical Service Residents	32.7	23.3 1.40	18.3 1.79	21.2 1.54	19.4 1.69
Impaired ADL (Mean)	46.5	48.6 0.96	48.1 0.97	49.6 0.94	49.3 0.94
Psychological Problems	63.6	50.3 1.27	51.0 1.25	54.1 1.18	51.9 1.23
Nursing Care Required (Mean)	8.6	6.2 1.39	6.0 1.43	6.5 1.32	7.3 1.18